Crew Bittner for President 11.25 12.25 2305 Cypress Ave.
San Pablo, CA 94806

RECEIVED FEC MAIL CENTER 2016 OCT 17 AM 8: 43

Federal Election Committee

999 E. St., NW

Washington, D.C. 20463

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Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees. Contributions of the Communications of the Communica

edd if 2" Zh.

Respectfully submitted; 11360

Ezequiel Goldsmith-Morgan, Treasurer

2016-10-17-03-00107005

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

			2016 OCT 1110 Dec AMV 8: 43				
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
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		<u> </u>					
ADDRESS (number and street)	21310151 1C141P15	leisisi l'Aivieiniulei					
(Check if address is changed)							
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COMMITTEE'S E-MAIL ADDRE	ss						
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	Optional Second E-Mail Add	dress					
COMMITTEE'S WEB PAGE AD	DRESS (URL)						
(Check if address is changed)		1 1 1 1 1 1 1 1 3					
2. DATE 10 10 2016							
3. FEC IDENTIFICATION N	UMBER ▶ C	era estado en estado en entre en entre En entre					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.				
Type or Print Name of Treasure	r Ezequiel Goldsmi.	ah-Morgan					
Signature of Treasurer	June -	·	Date 10 10 10 16				
NOTE: Submission of false, errone		may subject the person signing the TION SHOULD BE REPORTED W	nis Statement to the penalties of 52 U.S.C. §30109.				
Office Use		For further information co Federal Election Commissio Toll Free 800-424-9530					

Local 202-694-1100

5.

FEC Form 1 (Revised 02/2009)	Page 2						
TYPE OF COMMITTEE Candidate Committee:							
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)						
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Candidate Office Party Affiliation Sought: House Senate	State President District						
(c) This committee supports/opposes only one candidate, and is NOT an authorize							
Name of Candidate							
Party Committee:	(D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(Mational, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.						
Political Action Committee (PAC):							
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is a:						
Corporation Corporation w/o Capital Stor	k Labor Organization						
Membership Organization Trade Association	Cooperative						
In addition, this committee is a Lobbyist/Registrant PAC.							
(f) This committee supports/opposes more than one Federal candidate, and is NC committee. (i.e., nonconnected committee)	OT a separate segregated fund or party						
In addition, this committee is a Lobbyist/Registrant PAC.							
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6	5.)						
Joint Fundraising Representative:							
(g) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, at least one of which is an authorized committee of a fe							
(h) This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, none of which is an authorized committee of a federal committee.							
Committees Participating in Joint Fundraiser							
1. FEC ID num	nber C						
2.	nber C						
3.	nber C						
4.	nber C						

	FEC Form 1 (Revised (02/2009)	Page 3
٧	Vrite or Type Committee Name		
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
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<u>_</u>]		<u> </u>
L			
	Mailing Address		
	•	CITY STATE ZI	P CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
	, •	and the second s	
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name Kieinic	la Finach IIII	
	Mailing Address	4011 Collusia Airenine	1 1 1 1 1
			1 1 1 1 1
		Eili Cierriniition III CIA 9141513	10-
	Title or Position	CITY STATE ZI	P CODE
	Civisi+joidi ilaini	Telephone number 858-33	14-2101614
8.	Treasurer: List the name and any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name of Treasurer E _{121e10}	lui lell i Gailidisim i i tihi-i Mioirigiai w i i i i i i	
	Mailing Address	2,3,0,5, CINIPINEISISI AIVIEINIMEI I I I I I	
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	Title or Position		
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FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent			
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Title or Position		•	
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Mailing Address		<u> </u>	<u> </u>
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Name of Bank, Deposit	tory, etc.		(
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Mailing Address		1111111	
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	CITY	STATE	ZIP CODE

Fzequiel Goldsnith-Morgan 1305 Cypress Ave

San Pable, CA 94806

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Federal Election Commission Washington, D.C. 20463 999 E. St., NW

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